ANNUAL REPORT
The Clarke
1986 · 1987

Report of the Director and Psychiatrist-in-Chief

Our 20th Anniversary celebrations continued until the 1986 calendar year end when we began to implement a carefully considered plan for the reorganization of the institute's clinical programs. As a result, patient services have been restructured into five divisions as follows: Assessment and Treatment; Child, which consists of two programs - Child and Family Studies and the Family Court Clinic; Clinical Research; Continuing Care; and Forensic. The various components and work of each division are featured in this year's annual report.

The institute's numerous educational programs have been centralized under the direction of a single co-ordinator, Dr. Joel Jeffries, to facilitate the closer co-ordination and planning of these activities. Similarly, Dr. Emmanuel Persad will continue to oversee The Clarke's research endeavours.

In light of these changes, and the resignation of Mark Rochon who assumed his new position as Executive Director of Georgetown and District Memorial Hospital earlier this year, The Clarke's management structure has also been revised. In February, Jennie Pickard was named Associate Administrator of Patient Services. David Colgan was appointed Associate Administrator of Planning and Hospital Services in March.

The realignment of services and management responsibilities should allow us to pursue our clinical, research and educational goals with greater economy and efficiency.

Throughout the year, parallel attempts were made to advance our participation in some of the newest areas of research. Our efforts culminated in a $7.5 million grant from the Ontario Ministry of Health to the University of Toronto (U of T) to develop and operate a positron emission tomography scanner (PET) at The Clarke.

PET, an advanced imaging technique used in medical research, produces pictures of the brain, and other organs, at work. Using a PET scanner, researchers can now study biochemical and cellular processes involved in the workings of healthy and diseased organs.

The acquisition and installation of the PET scanner will be administered by a steering committee chaired by the Director of The Clarke with representation from several U of T departments, including radiology, neurology and clinical research, to name a few. We hope to have the new system on-site and operational within the next 18 months.

The molecular genetics program constitutes another major research project initiated this year. The new laboratory, currently in the planning stage, is expected to open in the next six to nine months.

During the past year, we have tried to build on existing and exemplary programs. We have put together some new clinical opportunities and laid the groundwork for new and promising research possibilities.

Vivian M. Rakoff, MB, BS

Research

Since it opened in 1966, The Clarke has maintained a tradition of scholarly inquiry. The institute's energetic and prolific researchers published 143 articles last year and garnered substantial financial support to fund at least 40 new projects. External grants exceeded the $1 million mark again last year despite cutbacks in federal funding.

A recently announced and generous grant from the Ontario Ministry of Health will give the institute the technological capabilities to explore whole new vistas of psychiatric research. The $7.5 million grant to the University of Toronto will be used to develop and operate a positron emission tomography facility — the first of its kind in the city — at The Clarke.

Unlike other imaging techniques, the PET scanner enables investigators to examine the human brain, and other organs, at work. The colourful images generated by PET reveal the chemical activity involved in normal and abnormal brain functioning. By analyzing these pictures, scientists will soon be able to locate and identify malfunctioning neurochemical and cellular systems associated with many psychiatric and neurological disorders. Results of this kind of research will, in time, yield improved diagnostic and treatment methods for the mentally ill.

With the advent of the DNA probe, another exciting and promising field of research has become possible. Planning for The Clarke's new molecular genetic laboratory is currently underway. Here, researchers will try to find the suspected genetic components or links to mental illness by comparing the genetic "maps" of those who have some form of psychiatric disorder with those who do not. Such studies could well lead to significant advancements in the near future in the areas of prevention and early diagnosis.

As in the past, The Clarke's current and future investigative activities will focus on the maintenance and further development of these and other centres of excellence in psychiatric research.

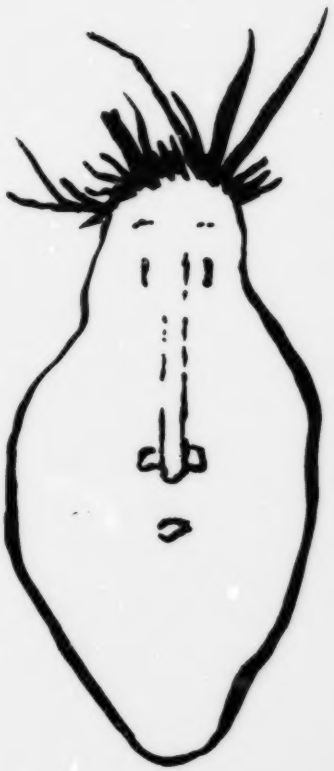
Education

Education continues to be an integral part of the institute's day to day operations. This year four distinct educational responsibilities were identified and consolidated under the direction of a single co-ordinator.

As a teaching hospital of the University of Toronto, The Clarke provides formal training to students in the various professional mental health disciplines. The provision of continuing educational programs for Clarke staff and professionals working in other health care settings is another important part of the institute's educational mandate. To promote greater awareness of mental health related issues, the institute is also active in the area of public education.

The planning and organization of these educational activities have been centralized to facilitate further expansion and promotion of individual events. In order to respond more effectively to the educational needs of Clarke staff, students and those outside the hospital, a more proactive approach to education has been adopted. In the months to come, the department will try to identify the educational needs of these groups in order to develop and design programs specific to their needs.

The Clarke will continue to offer a broad range of conferences and seminars for community mental health professionals. Continuing education for staff will be enhanced by bringing in guest speakers and by encouraging interdisciplinary participation in these and other programs. More general education, relating to lifestyle management and health promotion, will also be offered internally. A concerted effort will be made to increase programs for the general public. These will be coordinated by The Clarke's public relations department which is compiling a speakers' bureau to accommodate the numerous requests for Clarke professionals to meet and discuss their particular areas of expertise with community and social service agencies.



Patient Care

Assessment and Treatment Division

Various elements of care were reorganized this year to provide more comprehensive services to the 3,500 patients seen annually in The Clarke's Emergency Department.

The co-ordination of several in- and out-patient services within the newly formed Assessment and Treatment Division will broaden the range of on-site assessment and treatment options. The realignment of services will enable clinicians to respond more quickly and effectively to the diverse, and often complex needs of those seen in Emergency. The changes are expected to enhance continuity of care and reduce the average length of in-patient stays.

Following initial Emergency interviews, patients can now be referred to one of several institute programs, depending on the nature and severity of their condition. Some patients may, for example, be referred to the Psychotherapy Centre for assessment and follow-up care on an out-patient basis. People with more complex problems may be seen by a multidisciplinary team in the Assessment Clinic, which also assesses patients referred by community practitioners and agencies. The Urgent Clinic will assess and treat those in need of immediate intervention until other, more appropriate care can be provided. Emergency Department staff will continue to see a number of patients on a daily basis until ongoing treatment alternatives can be found.

In response to a growing demand for more emergency care beds, the 10-bed Crisis Unit will continue to admit the majority of patients in need of immediate short-term in-patient care. Two holding beds will serve those who need a brief period of stabilization prior to assessment. The 30-bed unit on the ninth floor will serve as a back-up for transfers from the Crisis Unit and for admissions from either Emergency or the community.

The links between Emergency and a number of highly specialized programs, such as the Gender Identity, Speech Pathology and Hearing Impaired Clinics, will be strengthened to facilitate easier and quicker access to these out-patient services.

These changes will also broaden the scope of professional training opportunities for staff and students working in the Assessment and Treatment Division. Both theoretical and practical training in the areas of psychiatric emergency assessment, specialized and general in- and out-patient care, as well as various forms of psychotherapy will be provided.

The amalgamation of assessment and treatment services will also open new avenues for collaborative research. Projects will likely focus on program evaluation, various treatment modalities including individual and group therapies, the utilization of resources, and the impact of recent amendments to Ontario mental health legislation on service delivery patterns.

Child Division

CHILD AND FAMILY STUDIES CENTRE

Further integration of clinical and research activities will be the major thrust of reorganization within the Child and Family Studies Centre. Clinical programs will be enhanced and consolidated into four major areas of specialization to enable the Centre to focus its energies on several fronts simultaneously.

A more holistic and comprehensive program to assess and treat children with communication and psychiatric disorders will be developed. Even though half of the children with communication disorders also have some kind of psychiatric disorder such as hyperactivity, learning disabilities or autism to name a few, existing services for these children tend to be fragmented.

Immigration can place extraordinary stresses on families. Parents and children can be adversely affected by having to adjust to cultural norms and expectations that differ, sometimes significantly, from their own. Little information is now available about the psychological problems experienced by immigrant children. Toronto's large and varied ethnic communities present an ideal opportunity for Child and Family Studies researchers to learn more about the difficulties these families encounter, and to develop intervention and support strategies to help alleviate their distress.

Plans are also underway to systematically study biomedical concerns. To date, the majority of effort in child psychiatry has been based on psychodynamic, behavioural and epidemiological approaches. New investigative techniques will enable scientists to explore previously inaccessible biological substrates of illness, such as hyperactivity and other childhood psychiatric disorders.

More than 50 per cent of the children seen by mental health practitioners belong to dysfunctional families. The tensions that exist within these families may be caused by separation, divorce, remarriage or relocation. The Child and Family Studies Centre plans to strengthen its clinical programs in this area to help children and their families cope better with the multiple stresses they experience under such circumstances.

The enhancement of clinical services will be coupled with a broadening of education and research opportunities for both staff and students. Greater emphasis will also be given to developing closer links with The Clarke's adult service divisions, and to coordinating community consultation services.

FAMILY COURT CLINIC

The Family Court Clinic (FCC), located at 950 Yonge Street, serves the Toronto Provincial Court (Family Division). Since it opened in 1967, its mandate has reflected the laws of the Family Court. Originally set up to assess and treat juvenile delinquents, the FCC's mandate has evolved over the years with changes in family law.

Now, in addition to cases involving young offenders, custody and access disputes and child welfare matters are also referred for assessment. With the implementation of the Young Offenders Act, the number of young offenders referred has decreased, however, child abuse and custody and access cases have increased as a result of the new Child and Family Services Act.

The Clinic's objective in these three areas is to help children and their families resolve their difficulties and, as much as possible, avoid prolongation of the conflict and court involvement. Treatment, which may involve mediation, individual, family or group therapy, is provided. The Clinic also offers a transitional classroom program for about 20 children with significant truancy and/or behavioural problems.

Education and research continue to be an integral part of clinical care at the FCC. Psychiatric residents, as well as medical, social work, psychology and law students receive training at the Clinic. Staff routinely evaluates assessment and treatment methods to determine the effectiveness of their work. In terms of research, the Clinic is trying to increase its productivity. Several projects are currently in progress, including studies on adolescent sexual offenders, child truancy and the role of grandparents in custody and access disputes.

Patient Care

Clinical Research Division

Six sub-specialty units have been brought together to form the new Clinical Research Division. Each has a strong research mandate to complement its unique patient care program.

The Affective Disorders Unit (ADU), for example, specializes in the treatment and investigation of mood disorders, such as depression and mania. Clinical care is provided on an in-patient and day care basis for those often characterized as treatment-resistant. In collaboration with the Biochemical Psychiatry Research Section, the ADU is currently studying the relationship between viral illness and mood changes, the therapeutic effects of electroconvulsive therapy, the clinical effectiveness of antidepressants and the biochemical substrates of depressive illness.

Drugs used in psychiatric care are rigorously tested on the Clinical Psychopharmacology Unit. This 10-bed unit works closely with the Psychopharmacology Research Section to learn more about how the body metabolizes neuroleptic and antidepressant drugs, and to evaluate how patients respond to different types of medication.

New research initiatives will be introduced on both the Geriatric Psychiatry Service and the Psychosomatic Medicine Unit (PMU). The former provides clinical services to patients with psychiatric disorders of later life. Funding has just been received to study neurological disorders, such as Alzheimer's disease, over the next two years. PMU assesses and treats people whose emotional difficulties are often expressed physically. Two groups of patients are seen: those with disabling physical complaints, such as chronic pain, for which no bodily dysfunction can be found; and those with a known, usually chronic, physical illness which is complicated by a psychiatric illness.

The Social and Community Psychiatry and the Cognitive Behaviour Therapy Sections will continue to provide a range of out-patient services in addition to pursuing their varied research activities. The Cognitive Behaviour Therapy Section specializes in the assessment and treatment of anxiety, depressive and obsessive compulsive disorders. The research-oriented unit evaluates the therapeutic process and examines the effectiveness of cognitive therapy in comparison to other treatment modalities.

The Social and Community Psychiatry Section identifies and studies populations believed to be at high risk to mental illness. These studies have led to the development of several clinical and community support programs, many of which now operate independently. The Section's consulting group, formed in 1981, will continue to assist social service organizations manage change, analyze and evaluate service delivery systems, develop new initiatives and establish staff training programs.

Patient Care

Continuing Care Division

To meet the needs of the severely disabled psychiatric patient, The Clarke established a Continuing Care Division this year. The Division consists of five separate components: the 10th floor in-patient unit, the Active Treatment and Medication Clinics, Rehabilitation Services and the Community Care Team.

Another component, a day therapy centre, will be created and incorporated into the new Division. This centre will teach patients the basic life skills needed to function outside the hospital after discharge. Clinicians will identify the skills patients lack and set up individually designed programs to help them attain these skills.

The Continuing Care Division will provide comprehensive long-term mental health services to both in-and out-patients. The 30-bed 10th floor in-patient unit will admit those in need of intensive, short-term treatment. When an individual's condition improves, treatment will be available within the Division on a day care or out-patient basis. Referrals to other appropriate community services will also be provided.

To facilitate continuity of care, the Division will consider establishing the role of a case co-ordinator to follow patients as they move through the system. In this way each patient's progress could be monitored to ensure that she receives the appropriate level of care at any given time during the course of her illness.

The Division will also be actively engaged in research and education. Research activities will focus on improving treatment methods for this population by increasing knowledge and understanding of severe psychiatric disorders. Exemplary care and research require well trained staff. Continuing Care staff will train students of various disciplines in the treatment of the chronically mentally ill. The provision of continuing education programs for professionals, patients, their families and for the public will also be an important educational goal.

Patient Care

Forensic Division

In order to streamline services and maximize efforts to create more comprehensive forensic programs, The Clarke's Forensic Service and Metropolitan Toronto Forensic Service (METFORS) have been amalgamated into the new Forensic Division.

In general terms, forensic psychiatry is the application of psychiatric expertise to legal concerns. Traditionally, the fourth floor Forensic Service has provided clinical expertise to lawyers and the courts on such issues as criminal responsibility, fitness to stand trial or civil litigation. They also assess and treat individuals involved with the law on either an in- or out-patient basis.

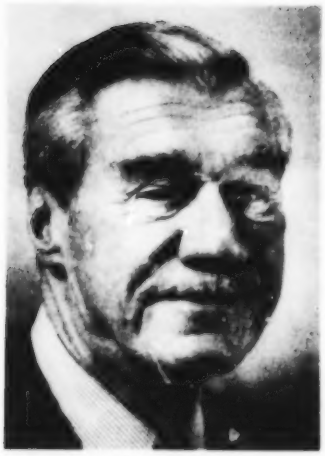
Since it was established in 1977 by provincial Order-in-Council, METFORS has conducted pre-trial assessments of individuals referred by the courts as a result of charges laid against them.

The Forensic Division will continue to provide these services. At the same time, clinicians will be constantly assessing and measuring the benefits of current programs to determine how well they meet patient needs. Through this self-critical approach, the Division has already developed a new in-patient program for sexual offenders. On the 22-bed forensic unit, 10 beds have been designated for the program, the remaining 12 beds will be used for other general forensic cases.

At METFORS, clinicians are investigating the need for an out-patient clinic for those who need some form of follow-up psychiatric care after being discharged from the 23-bed in-patient unit.

As in the past, the cooperative and collaborative work between various disciplines and services within the institute will remain important to this Division's work. By combining these efforts, the Division will work toward providing solid forensic programs, minimizing overlap and developing specific areas of expertise. Research and education will be incorporated into the Division's clinical practice. The evaluation of the types of services provided by the Division and the quality of patient care will be emphasized. Multidisciplinary research in other areas, such as sexual offenders, wife assault, homicide and violence, will continue.

In Memoriam



ROBIN C.A. HUNTER
1919-1987

"...But I being poor have only my dreams;
I have spread my dreams under your feet;
Tread softly because you tread on my dreams."
(W.B. Yeats)

A few weeks before he died, Robin Hunter spoke of his wish to have both time and money with which to struggle against chronic social problems such as racism, rape and child abuse. What, he wondered, could a psychiatrist be more concerned with? To his list might be added the companion problems of our society's all-too-prevalent economic avarice and its related epidemic apathy. He was asking, of course, whether we psychiatrists are concerned enough (or would he have said "appalled enough"?) by these problems, and whether our clinical and research energies focus on them adequately.

Robin Hunter was a teacher and an administrator but such comments of his demonstrate that he was, most of all, a man of passionate concerns, a man who worried that our profession concentrates inadequately on the issues that really count.

I recall, too, that during his years as an administrator, he was willing to make difficult decisions despite the political and emotional costs he knew he would have to pay. What else would one expect of a man of passion? Would anyone be surprised to know that at times he lay awake nights suffering from the inevitable anxieties consequent on such hard decisions? Or that he sorrowed throughout his adult life because he survived the second World War when "so many good men" had died?

Robin Hunter loved his home, his wife, his children, his grandchildren and his friends. He also loved our University, our Institute and, one could add, his Friday night tennis games.

We loved him in return.

Director and
Psychiatrist-in-Chief
1967-1974

In Memoriam

SEBASTIAN K. LITTMANN
1931-1986

"Un seul être vous manque et tout est dépeuplé."
(Lamartine)

Seb Littmann came to visit The Clarke for the last time at the beginning of December. He came from Calgary, where he chaired the Department of Psychiatry, to say good-bye to his many friends here in Toronto. Those who spoke with him that day, and with Marie-Odette, his wife, did not want to recognize that this visit was different from those that preceeded it, that this good-bye was final.

Sebastian Klaus Littmann brought with him to The Clarke an unusual personal history, a passionate commitment to the waifs, wastrels and wayfarers, all those somewhat marginal in our society whom psychiatry has been wary of helping. Always enigmatic and self-effacing, Seb was a visionary who believed in the fundamental goodness of human beings, patients and colleagues. He never allowed obstacles to stand in his way. If something could not be done, he did it nonetheless. If something had to wait, he had it finished before the waiting period began. If something was maddening, he laughed at it. If you were irritated, his juxtaposition of unexpected lines of thought left you shamefaced for having taken to heart the trivial when more important, weightier matters were at hand.

Seb was interested in the histories of famous people. His unique presentations of the lives of Louis Riel, King Saul, Wagner-Jauregg and Hans Christian Andersen will never be forgotten by those who heard them. His own unique history, and the intensely individualistic approach he brought to his work and to his personal relations will never be forgotten by those of us privileged to have known him.

Clinical Director
1979-1982

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This report has been published by the Public Relations Department, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario M5T 1R8; (416) 979-6852
Design: IMS Creative Communications, University of Toronto
The Clarke wishes to thank the patients whose artwork appears in this report.

Summary Financial Statement

Auditors' Report

To the Board of Trustees of the
Clarke Institute of Psychiatry:

We have examined the financial statements of the Clarke Institute of Psychiatry for the year ended March 31, 1987 which were prepared in accordance with the basis of accounting summarized in note 1 to the accompanying Summary of Revenue, Expenses and Operating Fund, and have reported thereon, without reservation, to the Board of Trustees of the Institute on May 29, 1987. Our examination included the accompanying Summary of Revenue, Expenses and Operating Fund.

In our opinion, the accompanying Summary of Revenue, Expenses and Operating Fund fairly summarizes the related information contained in the financial statements examined by us, applied on a basis consistent with that of the preceding year.

Clarkson Gordon

Chartered Accountants

Toronto, Canada
May 29, 1987.

(Detailed financial statements are available upon written request to the Institute)

Summary of Revenue, Expenses and Operating Fund

For the year ended March 31, 1987
(with comparative figures for the year ended March 31, 1986)

	1987	1986
Revenue:		
Ontario Ministry of Health		
— Institute operations	$20,976,607	$19,686,904
— clinical education	767,358	744,743
Metropolitan Toronto Forensic Service (note 2)	2,521,809	2,233,654
Out of province patient services	308,792	220,864
Uninsured patient services	220,246	82,778
Other income	906,710	902,802
Total revenue	25,701,522	23,871,745
Expenses:		
Salaries and fringe benefits		
— patient care	13,656,266	13,072,182
— education	198,918	193,267
— research	2,008,198	1,782,118
— administration	1,377,258	1,336,453
— plant operation	1,203,640	1,143,731
— clinical education	767,358	744,743
— Metropolitan Toronto Forensic Service	2,014,662	1,929,437
Supplies and other expenses		
— patient care	1,248,834	1,150,397
— education	87,437	81,305
— research	238,196	223,953
— administration	787,387	749,850
— plant operation	1,198,600	1,016,026
— Metropolitan Toronto Forensic Service	507,147	304,217
Bad debt expense	145,504	66,877
Total expenses (excluding depreciation of building and equipment, note 1)	25,439,405	23,794,556
Excess of revenue over expenses	262,117	77,189
Operating fund, beginning of year	443,581	366,392
	705,698	443,581
Prior year's Ontario Ministry of Health settlement — non-recurring salaries and wages adjustment	40,100	
Operating fund, end of year	$ 745,798	$ 443,581

(See accompanying notes)

Notes to Summary of Revenue, Expenses and Operating Fund

March 31, 1987

1. **Summary of significant accounting policies**

   The financial statements have been prepared in accordance with accounting policies set out below:

   (a) Basis of accounting —

   The Institute follows the accrual method of accounting whereby revenue is recorded when earned and expenses are recorded when incurred.

   (b) The inventory of supplies is recorded at the lower of cost and net realizable value on a first-in, first-out basis.

   (c) Fixed assets and depreciation, except with respect to leasehold improvements, are accounted for in the capital fund. Depreciation of building and equipment of $389,420 for the year ended March 31, 1987 ($393,169 - 1986) has been charged directly to the capital fund and accordingly has not been included in expenses of the operating fund.

   Fixed assets are recorded at cost and depreciated on the straight-line method over their estimated useful lives at the following rates:

   Equipment — 5% to 20%

   Leasehold improvements are expensed in the operating fund.

   (d) Contributions to Special Purpose funds are recognized when payment is received, except for special research grants.

2. **Metropolitan Toronto Forensic Service**

   The Institute has operated the Metropolitan Toronto Forensic Service (METFORS) since 1977 under contract with the Ministry of the Attorney General. The operation of METFORS is fully funded by the Ministry.

Statistics:

	1986-87	1985-86
Institute operations		
In-patient admissions	1,242	1,176
In-patient days	47,061	47,443
Median length of stay	19	21
Day care days	9,458	9,828
Out-patient cases	8,065	7,539
Out-patient visits	70,420	71,944
Metropolitan Toronto Forensic Service		
In-patient admissions	354	341
In-patient days	7,451	7,747
Median length of stay	20	24

Acknowledgements

The Clarke Institute of Psychiatry gratefully acknowledges the generous support of the following foundations, agencies and government ministries during the 1986-87 fiscal year: Ontario Mental Health Foundation; Medical Research Council of Canada; Ontario Ministry of Health; Health and Welfare Canada; National Institute of Mental Health (U.S.); Laidlaw Foundation; The Parkinson Foundation of Canada; Employment and Immigration Canada; Solicitor General of Canada; Ontario Ministry of Labour; The Physicians' Services Incorporated; J.P. Bickell Foundation; and others.

The Clarke Institute of Psychiatry is a registered charitable organization. Financial contributions in the form of donations or endowments are of major importance to the work of The Clarke's patient care, research and education programs. All contributions, large or small, are gratefully received and acknowledged. For income tax purposes, receipts are issued to all donors.